



REQUEST FOR USE OF DOUBLE-DECKER BUS

NAME OF ORGANIZATION: _____

CONTACT PERSON: _____

BILLING ADDRESS: _____

EMAIL: _____

DATE PROPOSED: _____

NO. OF HOURS: _____

NUMBER OF PERSONS: _____

TIME OF DEPARTURE: _____

PLACE OF DEPARTURE: _____

PLACE OF ARRIVAL: _____

DOES YOUR GROUP HAVE A TOUR GUIDE? YES () NO ()

IF NO, PLEASE CONTACT VISIT OXFORD FOR ASSISTANCE 662-232-2477

INDICATE PLACE OF INTEREST FOR YOUR GROUP:

() UNIVERSITY

() HOSPITAL

() COURTHOUSE SQUARE

() INDUSTRIES

() HISTORIC HOMES

() MOVIE SITES

() ROWAN OAK

() CEMETERY

() SCHOOLS

() GRAND OAKS

() MUSEUM

() AZALEAS GARDENS

() OTHER: _____

() VETERAN'S NURSING HOME

SIGNATURE

DATE